97. ZUR KLINIK DER FAMILIÄREN OPTICUSAFFECTIONEN (Clinical Communication concerning Family Diseases of the Optic Nerve). H. Higier (Deutsche Zeitschrift für Nervenheilkunde, 10, 1897, p. 489).

Higier describes two cases of optic neuritis occurring in brothers. An uncle of the patients was said to have had a similar affection. In one of Higier's cases the failure of sight began at the age of twenty; in the other at the age of twenty-seven. Central scotoma was found in both cases. This affection was described by Leber in 1871. The optic neuritis begins between the ages of thirteen and twenty-eight without demonstrable cause; there are central and paracentral scotomata for colors; the visual fields are not limited peripherally as in ordinary atrophy; nyctalopia is not rare; and the ophthalmoscope presents quite a characteristic picture. Although about twenty-five cases are reported, nothing is known of the nature and location of the inflammatory process. A neuropathic disposition is often noted. The peculiar fact that in the family form of neuritis only the macular fibres in the optic nerve are affected seems to be best explained by the greater functional activity of these fibres. This affection is not only a family one, but also hereditary, and is transmitted especially by females to their sons.

Higier speaks also of the syphilitic family optic neuritis, which should be distinguished from Leber's form, and is similar to the syphilitic retinitis. He describes also two cases of family optic atrophy which are unlike Leber's form. In the latter there is subacute neuritis axialis, in which, chiefly or exclusively, the macular bundle in the centre of the optic nerve is altered, and the temporal half of the papilla is atrophied; whereas in Higier's form the atrophy of the opticus is complete and chronic, and has an early development; the papilla is uniformly gray without any signs of neuritis, and the visual fields are concentrically limited without the presence of central scotomata. In addition to the cases of disease of the optic nerve dependent on malformation of the cranium, there is a family, possibly congenital, variety of optic atrophy entirely independent of such visible malformation.

Higier reports three cases of amaurotic family idiocy (Sachs) in one family, and compares this disease with the cerebellar hereditary ataxia. He refers to the presence of optic atrophy in hereditary and family cerebral and spinal diseases—a subject which he has treated at length in a previous paper. SPILLER.

98. A NEW SYMPTOM IN PERIPHERAL FACIAL PARALYSIS. Bordier and Frenkel (Medical Week, 5, October 1st, 1897).

The authors relate their observations of a phenomenon which they believe they are the first to mention, and which they think important for its prognostic value.

When a patient affected with severe peripheral facial paralysis is asked to shut his eyes, it will be found that the eye on the healthy side closes energetically, whereas, on the diseased side, there is but a very slight decrease in the width of the palpebral fissure, the globe of the eye, which remains visible to the observer, moving first upward, then slightly outward, the eyelid meanwhile finishing its movement of descent, the range of which varies in different cases with the degree of paralysis of the orbicular muscle.

The patient, in other words, cannot close his lids on the paralyzed side without at the same time deviating the globe of his eye upwards, and slightly outwards. If he is fixing some object before him, he is compelled to look away before he can contract his orbicularis palpebrarum.

In treating such cases with electricity, it was observed that improvement in reaction coincided with improvement in the closure of the eye. The symptom, therefore, gives us a means of following the progress of the improvement in these paralyses; recovery is near when the patient, who, at first, was obliged to turn one eyeball upward before he could bring its upper lid to its lowest possible point, begins to be able to shut his eye without deviating from the line of sight.

The phenomenon is then of help in three ways: first, as an aid in diagnosis; second, as a prognostic indication; third, as a measure of the progress of improvement.

First, it throws light on the diagnosis, seeing that it is not met with in cases of central paralysis. It is not necessary, however, to insist on this point, as there are other and simpler means of ascertaining the special form of a given case of facial paralysis.

Second, it establishes the prognosis, the presence of this symptom coinciding, as has been seen, with that of complete reaction of degeneration, it being totally absent when the reaction is only partial. When therefore contraction of the orbicularis is attended with deviation upwards of the eye, the paralysis may be considered as serious; but when contraction of the orbicularis can be effected without this deviation of the eye, the paralysis is not grave and will yield easily to treatment.

Third, it permits of following the progress of improvement, for the deviation of the eyeball also becomes less and less marked, in proportion as the reaction of degeneration tends to become partial; moreover, the patient is still liable to lower his upper lid without any deviation of the globe, when the reaction of degeneration consists simply in diminution of the faradic stimulability. MITCHELL.

99. DE L'ÉPICONDYLALGIE (Epicondylalgia). E. Rivière (Gaz. Hebdomadaire, 2, 1897, p. 685).

In 1896, Dr. Rivière in his thesis reviewed the history and status of the disease described by Benhard as professional neuralgia of the epicondyle, upon which Remak had already written. This neuralgia follows fatigue or over-use of the forearm, and is met ordinarily in violinists, or those who write a great deal. It is also located at the epicondyle, often in the muscular mass in the neighborhood of the epicondyle, and sometimes at the head of the radius.

The characteristic pains radiate from the epicondyle towards the external surface of the forearm, and extend even into the hand, of which they somewhat hinder the movements. The pains are lessened and disappear when the arm, and especially the hand, is in repose. Certain movements are especially painful, for example, those which include prehension with the extended arm. Pressure upon the epicondyle gives a lively pain well localized, although this is not the point at which the patients complain of spontaneous pain.

Like other professional neuroses, the affected muscles are somewhat impaired in their strength, and there is a special degree of feebleness in the movements of extension with prehension.

Rivière has not found that any special work predisposes to this affection. All occupations which necessitate the play of the epicondylar muscular mass may bring on this form of neuralgia, which he has observed in fencing masters, violinists, laboring men, coachmen, leather dressers and others. Like other professional neuroses, the treatment consists in rest and massage, and the earlier that these are applied, the better is the result. MITCHELL.